

## OFFICE OF PLANNING COMMUNITY AND BUSINESS ASSOCIATION INFORMATION

In order to ensure that your community or business organization is contacted, it is critical that our office has **up-to-date** information. Please fill out the following information about your association. This will be used to inform you of any proposed development projects within your boundaries and other community issues. Also, please be sure to include your boundaries. This information is entered geographically into a database and if we do not have this information, your association risks not being notified of projects within your area of interest. This list is kept by the Office of Planning and is used for notification about Community Input Meetings. Please note that this list is not confidential. According to the ited of <u>n</u>

Ma	ryland's Public Information	Act ("PIA"), Title	10, Subtitle 6, P	art III of the Sta	te Government Article, we a	re obliga	
					return this form to our office		
					MD, 21204) so that your as		
	can be added to our list or to have the information updated. If any of this information changes in the future or if you						
	need assistance, please contact Louise Nelson as soon as possible at (410) 887-3480 or by E-mail at <a href="mailto:lnelson@baltimorecountymd.gov">lnelson@baltimorecountymd.gov</a> or by fax 410-887-5862 or 410-494-2766 (my computer Fax). If you complete and						
	anization's articles of incorp		<u>our organization</u>	is by-laws and,	if incorporated, a copy of yo	<u>our</u>	
org	anization's articles of incorp	Dorallori.					
Da	te:						
Association Name:			Councilmanic District:				
E-n	nail Address (Public Use)	:					
Preferred mailing address (if different than below, i.e. PO BOX):							
We	b site for Association:						
Ple	ase provide the following in	formation for two	contact people				
Main contact person:				Title:	Term Expires:		
	eet Address:			1101	Torm Exprisor		
Cit		State:	Zip:				
Home phone #:		Work phone #:		Cell Phone#:			
E-n	nail Address:		•				
Sar	cond contact person:			Title:			
Street Address:				Title.			
Cit		State:	Zip				
	me phone #:		phone #:		Cell Phone#:		
	process in		<b>.</b>				
E-n	nail Address:						
					essary, you may use a sepa		
			but can also be	physical featur	es such as streams or railro	ad lines.	
All	boundaries must connect to	ogether.					
*	North boundary:			Please draw	boundaries below		
*	East boundary:						
*	South boundary:						
*	West boundary:						

Example:

North boundary: Northern Blvd East boundary: Clearwater Stream South boundary: Clearwater Stream West boundary: Rose Ave., James St., &

Ridge Rd.

